



STATE OF NEW HAMPSHIRE
BOARD OF LAND SURVEYORS

DATE:

NEW HAMPSHIRE JOINT BOARD
57 REGIONAL DRIVE
CONCORD, NEW HAMPSHIRE 03301

PLEASE CHECK ALL THAT APPLY:

MAKE CHECK PAYABLE TO: TREASURER, STATE OF NH

- | | | |
|---|------------------------------|----------------------------------|
| <input type="checkbox"/> CORPORATION APPLICATION FEE \$50.00 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> PARTNERSHIP APPLICATION. FEE \$50.00 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> PROPRIETORSHIP APPLICATION FEE \$25.00 | <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL |

APPLICATION FOR CERTIFICATE OF AUTHORIZATION
FOR THE PRACTICE OF LAND SURVEYING

To: The New Hampshire State Board of Licensure for Land Surveyors

1. In accordance with the requirements of RSA 310-A:53 the business organization identified below applies for renewal of certificate of authorization for the practice of land surveying for others as defined in RSA 310-A:54.

It is understood that if there shall be any change in any of the information provided herein, the Board shall be notified within 30 days after the effective date of the change.

It is further understood that any authorization granted as a result of this application shall expire on 31 December 20____.

It is further understood that no individual practicing land surveying shall be relieved of responsibility for land surveying services performed by reason of his employment by or relationship with such (corporation) (partnership) (proprietorship).

2. a. Complete name and business address of (corporation) (partnership) (proprietorship).

Tel. # _____

- b. Names and addresses of Corporate Officers or Partners: (Must agree with information submitted to Secretary of State)

NAME	OFFICE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Personnel responsible for land surveying activities and decisions **(must be a full-time employee of at least 37.5 hours per week)**:

***Officer/Partner/Full-time employees**

[illegible]

***Officer, Partner, Permanent Employee, Temporary Employee**

Note: Application to be signed by person or persons legally authorized to sign contracts for the corporation or partnership

Signature_____

Title_____

Signature_____

Title_____

The persons signing the application above, being duly sworn, upon oath depose and say that the foregoing statements to the best of their knowledge and belief are true and made in good faith.

Find us on the world wide web at www.state.nh.us/jtboard/home.htm